

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/392,842-Conf. #1863
		Filing Date	September 9, 1999
		First Named Inventor	Samuel P. Sawan
		Examiner Name	S. J. Sharareh
		Art Unit	1617
TOTAL AMOUNT OF PAYMENT		(\$)	650.00
		Attorney Docket No.	04504/100M695-US1

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-0100</u>		Deposit Account Name: <u>Darby & Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims							52 26 220 110 390 195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
47		- 88 or HP	0	x 26.00 =	_____		_____
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
8		- 9 or HP =	0	x 110.00 =	_____		_____
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 =	/50 =		_____	(round up to a whole number) x _____ = _____		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within second month 245.00 2801 Request for continued examination (RCE) (see 37 ... 405.00							

SUBMITTED BY			
Signature	/Lydia G. Olson/	Registration No. (Attorney/Agent)	48,487
Telephone	(206) 262-8913		
Name (Print/Type)	Lydia G. Olson, Ph.D.		
Date	February 3, 2009		